

## REGISTRATION AND HOTEL ACCOMODATION FORM

### ❖ PARTICIPANT Male Female

\_\_\_\_\_  
Family name | First name

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Post Code | City | Country

\_\_\_\_\_  
Ph | Fax

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Fiscal Code or VAT n. | Date of birth | Place of birth

### ❖ ACCOMPANYING PERSON

\_\_\_\_\_  
Family name | First name

### ❖ 1. REGISTRATION FEES (IN EURO)

	EARLY before JULY 15, 2010	LATE AND ON SITE after JULY 15, 2010
<b>Member</b> SIA/SICSeG/SIGASCOT/SIOT	€ 650,00 <input type="checkbox"/>	€ 750,00 <input type="checkbox"/>
<b>Non-Member</b> SIA/SICSeG/SIGASCOT/SIOT	€ 800,00 <input type="checkbox"/>	€ 900,00 <input type="checkbox"/>
<b>Physiotherapist</b>	€ 200,00 <input type="checkbox"/>	€ 250,00 <input type="checkbox"/>
<b>Accompanying person</b>	€ 120,00 <input type="checkbox"/>	€ 150,00 <input type="checkbox"/>

Please note that registration fees include VAT 20% as per Italian law.

**Subtotal 1** € \_\_\_\_\_

❖❖❖ **2. HOTEL RESERVATION** (to be filled in and sent before **SEPTEMBER 10<sup>th</sup>, 2010**)

Selected Hotel	SINGLE ROOM	DOUBLE ROOM
<b>Grand Hotel Vesuvio*****L</b> standard room	€ 185,00 <input type="checkbox"/>	€ 210,00 <input type="checkbox"/>
<b>Grand Hotel Vesuvio*****L</b> sea view room	€ 240,00 <input type="checkbox"/>	€ 270,00 <input type="checkbox"/>
<b>Hotel Royal Continental****</b> standard room	€ 160,00 <input type="checkbox"/>	€ 175,00 <input type="checkbox"/>
<b>Hotel Royal Continental****</b> sea view room	€ 180,00 <input type="checkbox"/>	€ 195,00 <input type="checkbox"/>
<b>Hotel Rex***</b>	€ 80,00 <input type="checkbox"/>	€ 100,00 <input type="checkbox"/>
<b>B&amp;B</b>	€ 70,00 <input type="checkbox"/>	€ 90,00 <input type="checkbox"/>

ARRIVAL DATE \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_

N° of nights \_\_\_\_\_

Late arrival (after 6 p.m.)

Total Amount € \_\_\_\_\_

Agency fee for hotel reservation € **15,00** \_\_\_\_\_

**Subtotal 2** € \_\_\_\_\_

**TOTAL** € \_\_\_\_\_

❖❖❖ **PAYMENTS**

All payments must be made in Euro (€) and addressed to **MCM SRL** and marked with the code **"NISC 2010 + name and surname of the registered person"**.

**Bank Transfer /** (Euro \_\_\_\_\_) to "MCM SRL"

Account holder: "MCM SRL"

Bank: Banca Cariparma, Agency 586, via Chiaia, 110 – 80121 Napoli (Italy)

Account #: 000063346465; ABI code: 06230; CAB code: 03535;

IBAN code: IT74G0623003535000063346465; Swift code: CRPPIT2P586

*Certification of payment made by Bank Transfer must be mailed or faxed with the registration form.*

*Please note that all bank charges must be covered by the sender.*

**Credit Card /** Please charge the sum of Euro \_\_\_\_\_ from  Mastercard  Visa  AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**INVOICING**

The invoice related to registration fee and hotel reservation will be issued by MCM srl. The invoice will be released to the subject indicated above. In case invoice should be named and addressed to another subject please indicate it below:

\_\_\_\_\_

\_\_\_\_\_

**CONDITIONS**

By sending this form I agree with the terms and conditions of payment and cancellations stated on the general information of the congress of this preliminary program. Following the provision of Italian Law 196/2003 the organizers wish to inform you that the personal data provided in this form will be used exclusively for information about the event mentioned in this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_